



203-3575

**REVOCATION OF POWER OF
ATTORNEY OR AUTHORIZATION OF
AGENT; AND APPOINTMENT OF NEW
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CORRESPONDENCE ADDRESS**

Application Number	09/526,949
Filing Date	March 16, 2000
First Named Inventor	Bonutti
Group Art Unit	
Examiner Name	
Attorney Docket Number	2500 DIV 2 CON 2 DIV 3

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application and appoint the following attorney(s) to prosecute and transact all business in the U.S. Patent and Trademark Office connected therewith.

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AND Please change the correspondence address for the above-identified application to:

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Address	150 Glover Avenue				
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City	Norwalk				
Country	US	State	Connecticut	ZIP	06856
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I am the:



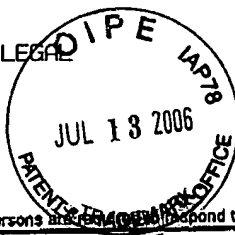
Applicant/Inventor.



Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	ALAN R. CARLTON, ESQ.
Signature	
Date	April 5, 2002



PTO/SB/88 (08-00)

Approved for use through 10/31/2002. OMB 0851-0031

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STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: Peter M. BonuttiApplication No./Patent No.: 09/526,949 Filed/Issue Date: March 16, 2000Entitled: METHOD OF DISSECTING TISSUE LAYERSUnited States Surgical, a corporation

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
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- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

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The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

DateAlan R. Carlton, Esq._____
Typed or printed name_____
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